230 NE 9th St., Bend, OR 97701 • (541) 419-3324 • info@samaralearningcenter.org • www.samaralearningcenter.org

Mission Statement

The mission of the **Samara Day School** is to provide children with learning challenges in a safe, supportive learning environment to learn how to "Soar with your strengths and Manage your weaknesses," excel academically, and become self-sufficient, productive members of society.

Program Basics

The Samara Day School is part of the Samara Learning Center, a nonprofit 501c(3). The core academic classes have a general low student to teacher ratio (6:1) and are taught by Oregon special education licensed teachers who:

- Implement each child's individualized education plans (IEPs)
- Provide direct academic instruction using research-based curriculum
- Facilitate the attainment of executive functioning skills and success attributes
- Guide students to the greatest likelihood of a successful transition back to general education programs.

Who We Serve

Samara Day School is a college preparatory school for students with academic challenges who:

1.) Have needs that have not been met in their current educational setting

and/or

2.) Are interested in improving their academic and executive functioning skills to provide a better chance for a successful transition to a general education program.

We currently serve students in 4th-8th grade. We plan to expand to 1st-8th grades by Fall 2018, and we have a long term plan to serve students from K-12. The student body is comprised mostly of, but not limited to, students who have:

- Learning disabilities (such as: dyslexia, dysgraphia, dyscalculia, etc.)
- ADHD/ADD
- Non-Verbal Learning Disability
- High functioning Autism Spectrum Disorder
- Traumatic brain injury (TBI)
- School phobia
- Experienced bullying in their previous school setting
- Chronic absenteeism (such as due to illness or anxiety)
- Been home schooled and are preparing to transition into the district

Some children with learning challenges (dyslexia, ADHD, Asperger's, etc.) may also have emotional problems and unique needs. **SDS** staff are trained to provide Tier I, II, and III academic and executive function related interventions. We have integrated research-based programs that will facilitate development and support of our students' emotional and behavioral needs.

Additionally, the Samara Learning Center has teamed with Shannon Pugerude, former Central Oregon Regional Director for Oregon Support Family Network. Shannon is a Think:Kids Certified Collaborative Problem Solving

Trainer. Collaborative problem solving changed Shannon and her daughter's life after learning this approach. She is a true believer in the philosophy that, "people do well if they can," as she has seen it create opportunities for amazing growth during her work with youth, families and professionals. Along with Collaborative Problem Solving, Shannon brings the following to the Samara Learning Center:

- Mindful, positive, evidence-based, trauma-informed, strength-based, neuro-biologically grounded, wellness growth model, that empowers youth and family voice and choice, is community based, Culturally and linguistically competent
- Healthy Mind Platter by Dan Siegel
- Multiple Intelligences by Howard Gardner
- Participate in self reflection activities
- Collaborative Problem Solving by Think:Kids
- Utilizes Multiple Intelligences & strength based assessments to drive supports and Individual Learning Plans (IEP's)
- Blended age learning opportunities/Peer Mentoring
- Mindfulness Practices

Shannon will lead social skills, sensory, and self-regulation groups that Samara Day Students will benefit from along with other children from the community. Additionally, Shannon will offer Collaborative Problem Solving training for parents, guardians and caregivers.

Non-Discrimination Policy

We welcome and encourage diversity. Our services are available to all who need them, without regard to ethnic background, race, color, creed, sex, sexual orientation, socio-economic status, national origin, non-disqualifying disability or religion.

Vision and Reasoning

Central Oregon has some wonderful public and private educational institutions that already offer some very successful academic programs. However, there is no panacea. The students we aim to serve are those that are struggling/failing/don't feel safe in the inclusive general education classes, yet don't quite fit in the alternative pre-existing Life Skills or Social Emotional/Behavioral programs. Generally, our students qualify for special education services under categories (specific learning disability, OHI, SLP, etc.) that are usually addressed in the inclusive, push-in, or pull-out models. However, due to a variety of factors, such as bullying, health issues, or failure to respond to intervention, some students with average to above average intelligence still need a more intensive level of need, as indicated on the tiered concept of support (Least Restrictive Environment - LRE) from the federal government's Individuals with Disabilities Education Act (IDEA). Additionally, attending mostly inclusive classes while depending on intervention classes (or pull outs/resource room) to try and close the gap can often cause students to miss out on electives and even other areas of academic instruction, which means that they are working on what they aren't good at all day long and missing opportunities for social interactions, potential vocational options, fun, and motivation to actually go to school. Research shows that many students with learning challenges (dyslexia, ADHD, Asperger's, etc.) end up:

- Being bullied or bully others
- Academically fail
- Disrupting classrooms
- Dropping out of school
- Having self-esteem issues/suicide
- Experimenting with illegal drugs
- Becoming parents early
- In the penitentiary system
- Overall being less productive community members and a drain on society.

Kids need the opportunity to explore areas in which they excel, as well as bolster or compensate for areas of need. According to the National Center for Learning Disabilities (NCLD), learning disabilities are "lifelong and cannot be cured." However, they also state that when a child is serviced at a young age using effective practices, the negative effect of the child's learning disabilities on their chance of a successful adulthood can significantly be diminished. There are academic, social, and compensatory approaches/strategies to help kids become independent and successful.

Samara Day School's research based curriculum, 1:6 teacher/student ratio, multidisciplinary, and multimodal approach will provide structured individualized programs to help build each student's academic success in combination with executive functioning, compensatory, and self-awareness skills. Through opportunities in the academic, art block, and physical education classes along with participating in field trips, guest speakers/instructors, and interaction with local business, students will be able to explore various interests, discover new strengths, and learn about possible future careers.

The operations will be funded through monthly tuition payments (private and public), grants, and donations by corporate sponsors and community.

Heather Chatem is the founder and Center Director of the Samara Learning Center and Samara Day School. Ms. Chatem will also be the Director and Master Teacher until the size of the school grows to the point Ms. Chatem needs to delegate the responsibilities. As the Director and Master Teacher, she will be in charge of school curriculum, discipline, and mentoring and training of teachers. Ms. Chatem obtained her Masters in Special Education and Rehabilitation with a specialty in Learning Disabilities, a Clear Level II Mild/Moderate Special Education Credential with an autism authorization from CA, and Initial I Special Education Credential from OR. Additionally, Ms. Chatem completed the Administration Program at the University of Oregon in 2016, fulfilling the requirements to be an administrator and teacher at a private alternative education program registered with the state of Oregon able to accept children with public IDEA funding.

The Samara Day School will be providing opportunities for individual youth that encourage empowerment and, in turn, a greater chance of leading successful independent lives with the potential to positively impact the whole community. The unique talents of those with learning challenges, especially those who have learned to persevere and become problem solvers, can provide huge advancements and contributions to society as seen by: Richard Branson, Charles Schwab, Whoopi Goldberg, Avi, and Temple Grandin among others. At the Samara Day School, it is our mission to foster the potential positive soaring impact our students can also have on our society at large. The staff of the Samara Day School is dedicated to providing children with learning challenges a quality program that promotes the development of academics, language, social-emotional, creative growth, and those factors that we believe will contribute to lifelong success.

Thank you for considering the Samara Learning Center to meet the needs of your child, children and family as a whole.

Sincerely,

Heather Chatem
Center Director

Samara Learning Center
Soar with your strengths & Manage your weaknesses

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DAY SCHOOL APPLICATION

DATE RECEIVED: _____

BY: _____

I. Identifying Data

Student Information

Child's name:_____ Age:_____ Gender:_____ Date of Birth:_____

Home address:_____ City:_____ State:_____ Zip:_____

Home Phone: ( )_____ Alternate Phone: ( )_____

Name of person(s) with whom child lives (if not parents):_____

Relationship to applicant: _____

Ethnicity ☐ White ☐ African American ☐ Asian American ☐ Latino/Hispanic
☐ Indian American ☐ Other _____ ☐ Decline to state

Application completed by:_____ Relationship to child:_____

Please describe in your own words the nature of your child's difficulties: _____

_____

_____

How do you expect the Samara Learning Center to help your child? _____

_____

_____

Parent (or Guardian) Information

Parent/Guardian Name:_____ Home phone: ( )_____

Address (if different from above): _____

City:_____ State:_____ Zip: _____ e-mail_____

Employer:_____ Work phone: ( )_____

Parent/Guardian Name:_____ Home phone: ( )_____

Address (if different from above): _____

City:_____ State:_____ Zip: _____ e-mail_____

Employer:_____ Work phone: ( )_____

Other Parent Name:_____ e-mail_____

Employer:_____ Work phone: ( )_____

Other Parent Name:_____ e-mail_____

Employer:_____ Work phone: ( )_____

II. School History

Current School Placement

School presently attending:_____ Current grade:_____

Address:_____ City:_____ State:_____ Zip code:_____

Phone: ( ) _____ Date started:_____ Teacher(s):_____

Type of school: ☐ Public ☐ Private _____

☐ Regular education ☐ Special education ☐ Homeschool

Type of program: ☐ General education classroom

☐ General education classroom with resource room, specify time in resource room: _____

☐ Special day class with mainstreaming, specify time in mainstream: _____

☐ Special day class without mainstreaming

Other Schools and Special Services

Directions: Please list all schools, including preschool, your child has attended other than his/her current school. Indicate if it was a public or private school and whether your child was in a regular or a special education classroom.

Name	Type of school/program	Dates (From/To)	Reason for change

Directions: Please list any special services your child is currently receiving or has received in the past. Indicate whether the service was provided at school (S) or privately (P), dates of service, and reason for discontinuation.

Service	Current	Past	S	P	Dates	Reason for discontinuation
Speech/Language	☐	☐	☐	☐	_____	_____
Adaptive P.E.	☐	☐	☐	☐	_____	_____
Counseling	☐	☐	☐	☐	_____	_____
Tutoring	☐	☐	☐	☐	_____	_____

_____ □ □ □ □ _____ _____

Directions: Please list any evaluations your child has received through his or her school.

School	**Areas evaluated**	**Date**
_____	_____	_____
_____	_____	_____

Additional School Information

How did your child react to his/her initial school experiences (preschool and kindergarten)? _____

_____

_____

When were your child's academic/learning difficulties first noticed? _____

How were the difficulties described to you?_____

_____

_____

Has your child demonstrated visual perceptual difficulties in school (e.g., letter reversals; confusion between similar letters, words, or numbers; copying): □ No □ Yes If yes, please describe:_____

_____

Has your child demonstrated auditory perceptual difficulties in school (e.g., trouble distinguishing between letter sounds or similar sounding words; sounding out words; blending sounds)? □No □ Yes If yes, please describe: _____

_____

_____

Please describe any behavior and attention problems that have been brought to your attention by the school or that concern you: _____

_____

Has your child ever repeated a grade? □ No □ Yes Which grade(s)? _____

If yes, who recommended it and why? _____

_____

What is your child's understanding of his/her school difficulties?_____

_____

_____

Were there any situations (e.g., teacher or peer relationships) that you feel were significant to your child's school adjustment? □ No □ Yes If yes, please describe:_____

_____

Please describe your child's current adjustment to school, including his/her relationship to teacher(s):_____

_____

Did/Does your child miss school? ☐ Rarely ☐ Sometimes ☐ Often

Please explain: _____

III. Consultant Information

Physician/Pediatrician

Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone: ( ) _____ Date of last Physical Exam:_____

Other Consultants

Directions: Please list medical and other specialists who have evaluated, or are currently treating, your child (e.g., Neurologist, Endocrinologist, Psychologist, Speech and Language Therapist, Occupational Therapist, etc). Please do not include any special service your child may be receiving currently through his/her school.

Name:_____ Specialty:_____ Type of Service:_____

Address:_____ Citv:_____ State:_____ Zip:_____

Phone: ( )_____ Date(s):_____

Name:_____ Specialty:_____ Type of Service:_____

Address:_____ Citv:_____ State:_____ Zip:_____

Phone: ( )_____ Date(s):_____

Name:_____ Specialty:_____ Type of Service:_____

Address:_____ Citv:_____ State:_____ Zip:_____

Phone: ( )_____ Date(s):_____

Name:_____ Specialty:_____ Type of Service:_____

Address:_____ Citv:_____ State:_____ Zip:_____

Phone: ( )_____ Date(s):_____

IV. Medical History

Health Record

Please describe your child's current health: _____

_____

Please check illnesses that your child has or has had:

☐ Allergies	☐ Cystic fibrosis	☐ Leukemia	☐ Polio
☐ Asthma	☐ Diabetes	☐ Measles	☐ Rheumatic fever
☐ Bronchitis	☐ Ear infections	☐ Meningitis	☐ Rubella
☐ Chicken pox	☐ Encephalitis	☐ Mumps	☐ Scarlet fever
☐ Cholera	☐ Epilepsy	☐ Muscular dystrophy	☐ Seizures/Convulsions
☐ Croup	☐ High fevers	☐ Pneumonia	☐ Tonsillitis

☐ Other:_____

Please describe any complications or limitations associated with these illnesses: _____

_____

Accident(s):_____

Hospitalization(s): Reason: _____ Age: _____ Duration: _____

Reason: _____ Age: _____ Duration: _____

Vision: ☐ Normal ☐ Vision problem (please describe):_____

☐ Wears glasses/contact lens ☐ Won't wear prescribed glasses/contact lens

Date of last vision exam:_____ Examined by:_____

Hearing: ☐ Normal ☐ Hearing problem (please describe):_____

☐ Uses hearing aid Date of last hearing exam:_____ Examined by:_____

Physical Handicap(s):_____

Medications

<u>Directions</u>: Please list significant medications (e.g., stimulants, anti-depressants, tranquilizers, painkillers) your child has taken beyond those prescribed for common illnesses.

Past Medication(s):

Name: _____Type: _____Dose: _____

Name: _____Type: _____Dose: _____

Current Medication(s):

Name: _____Type: _____Dose: _____

Name: _____Type: _____Dose: _____

V. Family History

Parents

Directions: Please use the extra lines below as needed for step parent(s) or guardian(s).

Name	Age	Occupation	Highest Educational Level	Marital Status

If parents are separated or divorced:

Date of Separation/Divorce:_____ Child's age at time:_____

Child's reaction:_____

What is the current legal custody arrangement? _____

_____

_____

What is the current living and visitation arrangement? _____

If a parent is deceased, indicate the date of death and child's age at time:_____

Child's reaction: _____

_____

Are there any family problems or recent changes which you feel might be contributing to your child's difficulties?

☐ No ☐ Yes

If yes, please describe: _____

_____

Child

Is your child adopted? ☐ No ☐ Yes If yes, at what age? _____

If yes, does s/he know s/he's adopted? ☐ No ☐ Yes

Is the child under guardianship? ☐ No ☐ Yes

If yes, please describe: _____

Primary language of the child?_____ Language learned first (if different):_____

Other languages spoken in the home? _____

Other languages spoken by significant caregivers (e.g., nanny, daycare center staff) other than the parents? _____

Other languages the child understands and/or uses?_____

_____

Family

Siblings: Name	Age	Sex	Relationship to child: Full	Half	Step	Living at home?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please describe your child's response to the birth of siblings (e.g., cooperative, angry, withdrawn, became more immature, became independent, shifted attachment) and how you handled this:_____

_____

_____

_____

VI. Pregnancy, Birth, and Early Development

Pregnancy and Birth

Please describe any pregnancy and/or delivery/birth complications :

_____

_____

_____

_____

Early Development

What was the general temperament of your child during the early years? ☐ Easy going, adaptable

☐ Difficult, sleep/feeding irregularities, intense reactions ☐ Withdrawn, slow to adapt

Please describe your relationship with your child during the first year:_____

_____

_____

Would you consider the early attachment between you and your child:

☐ Strong ☐ Moderate ☐ Weak

Please describe your child's response to changes or new situations:_____

_____

_____

Please note any difficulties your child may have had during the first year (e.g., colic, excessive crying, activity, passivity, sleeping, responsiveness to being held):_____

_____

_____

In general, was your child: ☐ easy to care for ☐difficult to care for

Parent work history within the first 2 years after birth:

Parent 1: ☐ Did not work ☐ Full-time ☐ Part-time Child's age when work resumed:_____

Parent 2: ☐ Did not work ☐ Full-time ☐ Part-time Child's age when work resumed:_____

Please describe the child care arrangements during parents' absence:_____

_____

Were both parents involved in the caregiving of the child? ☐ Yes ☐ No

Please describe each parent's caregiving role:_____

_____

Age toilet training started: _____

Age toilet training concluded for: day wetting _____ night wetting _____ bowel _____

In general, did toilet training present any difficulties? ☐ Yes ☐ No

If yes, please describe: _____

_____

Please describe any significant events that occurred within the family during the early years (e.g., postpartum depression, illnesses, moves, marital difficulties, or other events) and their impact on your child:_____

_____

_____

_____

VII. Language Development

During the first year, other than crying, would you say that your child was a:

☐ silent or very quiet baby ☐ very noisy baby ☐ verbally interactive baby

Directions: For the following questions, please give your best estimate regarding the age at which your child developed each skill. If you do not remember, please indicate DK (don't know).

At what age did your child say his/her first words? _____

What were they? _____

At what age did your child use word combinations such as "me go"? _____

At what age did your child use complete sentences? _____

Did your child's language develop consistently over time or were you aware of significant breaks (e.g., cooed but did not babble, said one or two words but then there was a long delay before new words were added, appeared to understand language but did not use language expressively)?

☐ Consistent development ☐ Significant breaks in development

Please describe: _____

Does your child seem to have trouble making certain speech sounds? ☐ No ☐ Yes

If yes, please describe:_____

_____

Does your child seem to have trouble understanding language? ☐ No ☐ Yes

If yes, please describe:_____

_____

Does your child seem to have trouble describing events and/or telling a story coherently? ☐ No ☐ Yes

If yes, please describe:_____

Do you feel that your child's language development was . . .

☐ slower than ☐ about the same as ☐ ahead of . . . his/her peers?

Do you feel your child's language development was influenced by exposure to more than one language?

☐ Not applicable ☐ No ☐ Yes If yes, please describe:_____

Please describe any other special concerns you have had, or currently have, about your child's speech, language, or communication abilities:_____

_____

VIII. Motor Development

Directions: For the following questions, please give your best estimate regarding the age at which your child developed each skill. If you do not remember, please indicate DK (don't know).

At what age was your child able to:

sit alone without support? _____

pull him /herself up to a standing position? _____

walk unaided? _____

Have you ever been, or are you currently, concerned about any of the following aspects of your child's motor development?

☐ balance ☐ hopping ☐ skipping ☐ running speed ☐ ball skills ☐ bicycle/tricycle skills

☐ use of scissors ☐ control of pencils/crayons ☐ dressing skills ☐ eating skills ☐ writing skills

Please describe your concerns regarding the above areas:_____

_____

_____

Does your child indicate a hand preference? ☐ Yes - Left hand ☐ Yes - Right hand ☐ No

If yes, when did you first notice a consistent hand preference?_____

Was hand preference influenced by adults? ☐ Yes ☐ No

If yes, please describe: _____

Overall, do you feel that your child's motor development was . . .

☐ slower than ☐ about the same as ☐ ahead of . . . his/her peers?

Please describe any other special concerns you have had, or currently have, about your child's fine or gross motor abilities:

_____

_____

_____

IX. Personality and Social Relationships

Personality

Please describe your child's personality (e.g., outgoing, keeps to him/herself, friendly, sensitive, loving, self centered):

_____

_____

_____

Have you noticed a change in your child's personality over the years? ☐ Yes ☐ No

If yes, please describe: _____

_____

Please describe your child's favorite activities/interests._____

_____

What are your child's chores and responsibilities at home? _____

_____

Does s/he complete these responsibilities regularly and willingly? ☐ Yes ☐ No

Please describe: _____

_____

Please describe your child's strengths and weaknesses: _____

_____

Is your child aware of his/her strengths and weaknesses? ☐ Yes ☐ No

Please give examples: _____

_____

Does your child accept his/her strengths and weaknesses: ☐ Yes ☐ No

Please give examples: _____

_____

Does your child become easily frustrated? ☐ Yes ☐ No

Please describe:_____

_____

Does your child persist during difficult tasks? ☐ Yes ☐ No

Please describe:_____

_____

_____

Does your child set reasonable goals for him/herself? ☐ Yes ☐ No

Please describe:_____

_____

Does your child demonstrate organizational and time management skills (e.g., study habits, scheduling)?

☐ Yes ☐ No Please give examples: _____

_____

Family Relationships

Directions: Please describe your child's relationships with the following family members.

Parent 1:_____

Parent 2: _____

Siblings:_____

Others:_____

*Directions: Please indicate the parenting style of each parent/step-parent, and/or guardian using the following description. Parenting styles: **I.** Little parental structure and guidance; child has major responsibility for decision making; **II.** Firm parental control with open communication allowing for child input in decision making; **III.** Strong parental structure and control; child has minimal role in decision making; **IV.** Combination of styles.*

Name	**Style**
Parent 1	_____
Parent 2	_____
_____	_____
_____	_____

Please describe your child's behavior at home: _____

_____

_____

_____

At present, what behavior is the most difficult for you to handle? _____

_____

How do you handle discipline issues? _____

_____

Who is the primary limit setter in the family? _____

_____

How do you and your spouse resolve differences you may have about discipline? _____

_____

How much supervision does your child need? ☐ more than peers ☐ about the same as peers ☐ less than peers

Please describe:_____

_____

_____

Peer Relationships

Directions: For each of the following questions, please check the box that is most representative of your child's peer relationships.

My child: ☐ prefers to play alone. ☐ has one or two friends only. ☐ has many friends.

My child plays mostly with other children who are: ☐ younger. ☐ same age. ☐ older.

My child prefers: ☐ same sex playmates. ☐ opposite sex playmates. ☐ playmates of both sexes.

My child:

☐ forms close friendships with peers. ☐ is somewhat close with his/her peers. ☐ does not form close friendships.

In general, the friendships that my child forms:

☐ last several years. ☐ last several months. ☐ last several weeks. ☐ last several days.

In play interactions with his/her peers, my child tends to:

☐ be the leader ☐ prefers to be a co-leader ☐ prefers others to lead.

In competitive games, my child seems:

☐ to need to win. ☐ to want to win. ☐ unconcerned about winning or losing. ☐ to want to lose.

In competitive situations, my child: ☐ does her/his best. ☐ seems to perform below abilities. ☐ gives up.

Please describe any difficulties your child may have with peer interactions (e.g., gets teased, has difficulty making friends, loses friends). _____

_____

_____

Please describe your child's sexual maturation (e.g., onset of puberty, dating, interests and/or problems): _____

_____

_____

_____

Directions: We find that many children who are experiencing difficulties in school sometimes show some of these behaviors. Please indicate which behaviors apply to your child. Please check all ages that apply for each behavior. Check the box marked "NA" (not applicable) if that behavior has never applied to your child.

Behavior	**Ages:**	**yrs 0-2**	**yrs 3-4**	**yrs 5-8**	**yrs 9-12**	**yrs 13-18**
Aggression toward others	☐ NA	☐	☐	☐	☐	☐
Aggression toward self	☐ NA	☐	☐	☐	☐	☐
Anxious	☐ NA	☐	☐	☐	☐	☐
Bed wetting	☐ NA	☐	☐	☐	☐	☐
Depression	☐ NA	☐	☐	☐	☐	☐
Distractible	☐ NA	☐	☐	☐	☐	☐

Eating problems	☐ NA	☐	☐	☐	☐	☐
Finger sucking	☐ NA	☐	☐	☐	☐	☐
Immature	☐ NA	☐	☐	☐	☐	☐
Lying	☐ NA	☐	☐	☐	☐	☐
Nail biting	☐ NA	☐	☐	☐	☐	☐
Oppositional	☐ NA	☐	☐	☐	☐	☐
Overactive/Hyperactive	☐ NA	☐	☐	☐	☐	☐
Passive/Withdrawn	☐ NA	☐	☐	☐	☐	☐
Physical complaints	☐ NA	☐	☐	☐	☐	☐
Restless	☐ NA	☐	☐	☐	☐	☐
Rocking/rhythmic movements	☐ NA	☐	☐	☐	☐	☐
Separation difficulties	☐ NA	☐	☐	☐	☐	☐
Sexual acting-out	☐ NA	☐	☐	☐	☐	☐
Sleeping problems	☐ NA	☐	☐	☐	☐	☐
Stealing	☐ NA	☐	☐	☐	☐	☐
Stuttering	☐ NA	☐	☐	☐	☐	☐
Substance abuse	☐ NA	☐	☐	☐	☐	☐
Tearful	☐ NA	☐	☐	☐	☐	☐
Temper tantrums	☐ NA	☐	☐	☐	☐	☐
Tired	☐ NA	☐	☐	☐	☐	☐
Trouble with the law	☐ NA	☐	☐	☐	☐	☐
Truancy	☐ NA	☐	☐	☐	☐	☐

Has your child experienced significant trauma in their life? If so please describe (use addition page if needed):

Has your child taken the ACE (Adverse Childhood Experiences) test? Yes No

If so, would you like to sign an Exchange of Information so that we may access your ACE score and information with the provider who administered the test? Yes No

Goals and Expectations

Please use additional pages if needed.

What goals and expectations do you have for your child?

What goals and expectations do you have for your child's learning environment?

Please feel free to write down any other comments: